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## I.

### **PATHOLOGY OF CONTAGIOUS DISEASES.\***

By CHARLES SEVERN, M.D.

IMPRESSED with the importance and necessity of acquiring ideas as accurate as possible in pathology, and convinced that in order to accomplish this we have much to unlearn, I am induced to submit the following suggestions to the notice of your readers.

Medical practitioners have probably always been more influenced by opinions than by facts, and adhere to the notions of talented individuals with all the partiality of cherished prejudice. We are prone to receive the dicta of those authorities to whom we look with confidence for accurate views and appropriate modes of treatment; and if these individuals have formed and promulgated imaginative theories, destitute of the solid basis of observation, the influence they may exert on our minds, and the bias they may give to our practice, may be incalculably dangerous. One professor, to whom I have often listened with delight, and whose powerful eloquence would equally have fitted him for the bar or the senate, traced all diseases to the liver, and believed all his patients to labor under hepatalgia, hepatagra, or hepatitis. His catholicon was calo-

mel, by which he sought to remove complaints which existed not in the body of the patient, but in the fertile imagination of the physician; and although the diagnosis he had formed was not unfrequently falsified by the postmortem examination, he adhered to his opinions to the last. Another eminent and eccentric individual, by whose death the profession has been deprived of one of its most successful cultivators, and whose talents have much contributed to elevate a neighboring school to its present distinguished rank, considered all diseases to be occasioned by the derangement of the stomach and chylopoietic viscera, an opinion which led him to adopt a most compendious method of prescribing, and an easy system of therapeutics. Without the investigation of symptoms, external or internal, the same prescription, diet, regimen, and directions, were thus deemed equally applicable to one patient or one hundred, and capable of alleviating any class or species of disease in Cullen's nosology. It cannot be disputed that the regulations of the diet, and of the alvine excretions, are essentially requisite to the successful treatment of any disease, and that solids and fluids, received into the stomach, which we measure by pounds and ounces, will be as likely to influence the health as those divided by grains and scruples; and Mr. Abernethy

\* From the London Medical Gazette.

has, I conceive, deserved well of the profession for having more particularly called its attention to circumstances, from the neglect of which the most judicious treatment of internal, and probably of many external diseases also, must prove unavailing.

Ancient writers, to whom the important physiological truths, developed by experiment, were unknown, were most acutely observant of the external phenomena of disease, and possibly in some instances correct in their opinions as to its nature and origin. The utter neglect of their writings by modern practitioners is by no means a proof that they are valueless, for there may exist in the human mind a prejudice in favor of novelty, which is as likely to mislead the judgment as the blindest and most uninquiring adherence to obsolete authorities; and that pathology has not been so successfully cultivated as other branches far less important, is incontrovertible. The properties and constituent parts of the blood, and the changes which it undergoes from respiration, have been investigated and explained by our countrymen with a degree of exactness and perspicuity which entitles them to the gratitude of all who are interested in the extension of physiological discovery, and to trophies affording more permanent and real glory than those of laurelled conquerors, the spoilers and scourges of the human species, who have wasted oceans of the vital fluid.

Our acquaintance with the properties and chemical changes of the blood is not so perfect but that there remains much for future experimentalists and inquirers to discover.

I think it indisputable that it undergoes other changes equally im-

portant with those already explained, though not so obvious to our research, and not appreciable by any mode of investigation hitherto proposed. After bleeding several patients, we shall find well-marked differences in the appearance of the blood drawn; its color, density, and specific gravity, will not be precisely similar in any two specimens, and if we wait until coagulation has taken place, the difference will be still more decidedly apparent. Some of these varieties doubtless originate from the more or less perfect arterialization which it has undergone, or on the presence of inflammatory action; but these examples are only some of a multitude of changes of which it may be susceptible, from having absorbed morbid agents of too subtle a nature to be discovered otherwise than by their subsequent effects on the constitution, and the diseases produced by their influence; nor can we imagine that this fluid should undergo any change without occasioning the most important consequences to the general system. The coagulable lymph, separated when inflammation exists, is a phenomenon by which, in conjunction with other circumstances, we judge of its presence. This additional supply is probably one means by which nature arrests increased action, and preserves the constitution from the disease becoming generally diffused. During pregnancy the same circumstance obtains, and coagulable lymph is separated in greater proportion than at other times, to provide for the growth of the ovum, to secure its attachment to the uterus; and subsequent to parturition, this peculiarity must render the blood more speedily coagulable, and thus tend with greater certainty and effect to close the uterine vessels, and in

conjunction with the contracted state of the uterus, to prevent the danger of hæmorrhage after the expulsion of the ovum. Besides these alterations in the blood arising from circumstances within the body, it is highly probable that it may undergo changes produced by the absorption of injurious matters from without; hence all those formidable and fatal diseases excited by contagion, so little understood, and influenced so little by medical treatment, dictated by a system of pathology, which confounds the effect with the cause, and possibly mistaking the one for the other, is often calculated not to cure the disease, but to destroy the efforts made to remove it from the system; hence also the necessity of extreme caution in the use of measures which diminish the powers by which nature seeks to secure the patient's safety; and increased action, whether general or local, may be in these instances a necessary process, or an effort of nature to relieve herself of local congestion, to establish and restore discharges which may have been checked or suppressed, or a salutary and essential effort of the vis medicatrix nature to rid herself of something possessed of irritating and injurious qualities. Judging from the symptoms developed early in many contagious diseases, we cannot entertain a doubt that the miasma may be received into the system in a state of such extreme activity that its powers are at once depressed, that this curative reaction cannot be accomplished, by which, in more sthenic diseases arising from miasmata, the morbid agent is eliminated and removed. In smallpox, scarlatina, measles, and some other forms of disease, the circumstances to which I refer are obvious to our senses, in conse-

quence of the contagious matter being thrown out by the skin, and for its removal a certain degree of increased action is in all cases a requisite condition. In other diseases of miasmatic origin, although we are not in every instance able to discover the outlet by which the morbid agent is expelled, but which is probably the surface of the body, we have sufficient reason from analogy to believe that the same febrile excitement must necessarily take place, and that their most fatal and intractable form does not result from a high degree of inflammatory action, but that the patient may be in some instances lost for want of it. In such cases, the local abstraction of blood may possibly be in a few cases admissible, where congestion exists in important organs; but if this, or any other means of active depletion be indiscriminately employed, the event will prove that the measures adopted have effectually combated, not the patient's disease, but the actions by which nature had sought in vain to eradicate it, and to secure his recovery.

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## II.

### CAJEPUT OIL IN CHOLERA.

By J. M. TIERNEY, of London.

A LADY, aged 28, felt indisposed at half-past nine, P. M. on Wednesday, the 10th instant: she had been in good health throughout the day, and dined, as usual, at eight o'clock. At a little before ten vomited the contents of the stomach, reported to be merely the food taken at dinner: the bowels were moved shortly after. At half-past ten the vomiting and purging again took place, and she felt "very uncomfortable." Continued occasionally purged and sick at the stomach

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till a little before one, when she fainted, and remained insensible for about ten minutes : on recovering, she was seized with violent spasms in the lower extremities, more particularly in the feet, the toes being remarkably affected.

On my visiting this lady (for the first time since the invasion of the symptoms), at a quarter before two, A. M. on Thursday, the 11th, I found her in a profuse perspiration, with a death-like coldness of the extremities ; the pulse at the wrist scarcely perceptible ; insatiable thirst ; countenance expressive of great anxiety, with a remarkable shrinking of the features ; and extreme restlessness : the mind perfectly clear. She said, " I believe that I have got the cholera : I took twenty-five drops of the cajeput oil about half an hour ago, and in a few minutes after, fifty drops more : it has done me good ; pray let me have another dose." I assented, and, fearing that what she had already taken might not have been genuine, I sent for some which I had received from a friend lately arrived from India : in the meantime she took three tea-spoonfuls of brandy, in a little water, which was repeated in five minutes. The body and limbs having been well rubbed with hot, dry flannels, were wrapped up in the same : this was attended with considerable difficulty, from the great restlessness and jactitation.

At two o'clock, A. M. I gave forty drops of the oil, in half a wine-glass of warm water : this at once quieted the stomach, and in half an hour the spasms were somewhat relieved : the pulse became more perceptible, and she said she felt better ; but the thirst continued unabated, and she called for iced water, of which she was permitted

to take half a wine-glass repeatedly, with the addition of a small quantity of brandy, and a little sugar.

At half-past three the extremities became quite warm, indeed they were rather above the natural temperature ; but the restlessness was at this time excessive, and a stool was passed, consisting of about six ounces of fluid resembling thick rice water. Plain water, soda water, lemon-peel water, iced, with a little brandy, occasionally given. The feeling of weakness excessive : there was a disposition to sleep, but this was interrupted by extreme thirst : the stomach and bowels now quiet. At five o'clock she anxiously requested a saline effervescing draught, which was given, but immediately rejected by the stomach : the pulse became more languid ; another dejection, similar to the last ; hiccup ; the spasms increased in violence, and she complained of excruciating pain across the loins. Took ten drops of laudanum, with ten grains of Epsom salts, in a little peppermint water, but this was soon rejected, and not followed by any alleviation of the symptoms.

At six o'clock, A. M. I had the pleasure of having Dr. Holland associated with me. A blister was directed to be applied to the epigastric region ; a draught ordered, containing a small quantity of Epsom salts, in a little peppermint water, which was immediately rejected by the stomach ; the small quantity of brandy in iced water, soda water, &c. directed to be given occasionally.

The thirst continued unabated, the patient was permitted to have small bits of ice in her mouth, which gave great comfort. During all this time *no urine was passed* ; throughout there was no pain in the stomach or bowels.

The extremities becoming again cold, and the pulse giving way, it was agreed, at eight o'clock, to give forty drops of the cajeput oil. Great relief followed the exhibition of this dose; within an hour, however, the violent spasms in the muscles of the legs and feet returned, but they lasted only for a short time; she then became composed, and soon after had a short refreshing sleep.

At twelve o'clock great improvement; and at two, P. M. (the stomach and bowels having remained quiet) she took two grains of calomel, with three of the compound extract of colocynth. At three o'clock the patient took a small breakfast cup of mulagatawney soup; and had afterwards refreshing sleep for an hour and a half; at five took a wine-glass of sherry, and slept again for an hour; at seven took another cup of the soup, and afterwards slept till half-past eight, when a dark, scanty stool passed; and for the first time since the attack, some urine; at half-past nine another scanty motion, and soon after a greater quantity of urine, of a pale color; at ten o'clock, P. M. she took four grains of the extract of colocynth, and she was removed to a sofa while her bed was being made; at half past ten, after taking a little more soup, she fell asleep.

Friday, 12th, nine, A. M.—I found the patient asleep; her maid reported that she had passed a good night, and slept comfortably; urine passed freely; at noon met Dr. Holland; we found our patient free from complaint, having taken some of the soup for her breakfast. It is to be noted, that throughout this attack the tongue was clean and moist, although the thirst at times was intolerable. In the course of this day she was moved from her

bed to a sofa; at nine in the evening, the bowels not having been moved, eight grains of the extract of colocynth were taken.

Saturday, 13th, morning.—Found the patient had been disturbed by the pills during the night, and had loose bilious motions.

Sent for at five, P. M. in consequence of her suffering occasional pain in the stomach and bowels, with vomiting. A draught, consisting of camphor julep, and opiate confection, was ordered, but this was immediately rejected by the stomach. The pain and sickness continuing, thirty drops of the cajeput oil were administered, and soon after the pain and sickness subsided. The cajeput oil was always very grateful to the stomach. The lady has continued well. No other case of cholera has occurred in the family.

*Lond. Med. Journal.*

[Two other cases, very similar to the foregoing, have been since published in London by Dr. Bushell, of that city.]

### III.

#### DEATH FROM INANITION.

*Some Account of Granet, the French Prisoner, who lately starved himself to death.*

THE following brief report was transmitted, a short time ago, to the French Academy of Medicine, by the Minister of the Interior. It was drawn up, we understand, by M. Dufour, a physician of Toulouse, who attended the prisoner during the whole period of his sufferings and death:—

Guillaume Granet was twenty-four years of age. It was on the 20th of April last that he formed the fatal resolution of starving him-

self, with intent to avoid the punishment due to his crimes. On the 21st he was found lying on the ground, dressed, head uncovered, his irons bolted on both hands and feet; he would only answer by signs, and would take neither solid nor liquid food. It was attempted to make him swallow by force; but this only threw him into an outrageous passion. When visited in the evening, however, he was more calm, and thought fit to use his tongue.

22d and 23d. Much the same way; urine foetid; burning heat in the throat.

24th. Face flushed; breath exceedingly foul; haggard looks; pulse at the wrist scarcely perceptible.

25th. He passed some urine.

26th and 27th. Nothing remarkable.

28th. He came down to the court-yard, and drank up some water from the well: his handcuffs taken off.

29th. Shiverings.

30th. Drank a glass of water.

May 1st. Spoke, but not to be understood.

2d. Rolled himself in the kennel of the court-yard.

3d. Drinks some water; will take no broth or soup.

4th. Passes some urine.—On the 5th, he ran out of his dungeon, with nothing on but his shirt; upon coming back, he lay down and ate a morsel of bread. He was taken to the Infirmary, and about midnight ate some soup with a little bread and wine.

6th. Took nothing.

7th. Drank of his own urine, and about a quarter of a spoonful of water. In the afternoon he complained that there was poison in the food that was offered him.

On the 9th, 12th, 15th, and 17th, he drank some water.

18th. Drank but half a spoonful: attacked with violent fits of coughing, and oppression at the chest.

21st. Ran out, and wanted to drink of the kennel, but was prevented; same night he drank water.

22d. Wanted to bite and scratch; complained of sharp pains in his bowels; passed some water.

23d. Took some broth.

On the 24th he was found lying on his belly; his pulse feeble and slow; his fists shut; drank some water from the kennel, which had been cleansed.

25th. Suffered much, and abused everybody; pulse 53; drank of the kennel.

26th. Tore his shirt to pieces; same night passed some urine.

On the 27th and 28th he drank eight glasses of water; his fæces were found *carbonized*; said he had still a fortnight to live.

In this way, at one time easy and again in agony, now refusing to drink and now taking a little water, he continued to live on till the 17th of June (the 58th day), when, about five in the morning he died, after struggling for four hours in convulsions.

During some of his last days he complained of cold; his legs too were shrunk up, and marked with blackish spots—dry gangrene, according to M. Dufour.

These are all the facts of this wretched man's suffering which have been preserved. The particulars of his *post mortem* have not yet reached the Academie, but are promised to be sent ere long by the Minister.

## IV.

CASES OF TIC DOULOUREUX, IN WHICH CYANURET OF POTASSIUM HAS BEEN EMPLOYED WITH SUCCESS.

By M. le DOCTEUR LOMBARD, of Geneva.

THE cyanuret is employed in friction: it is either dissolved in distilled water, or made into an ointment with pure hog's lard, and used in either form, according to circumstances. From one to four grains in an ounce of water, is the quantity usually employed for the aqueous solution: from two to four grains in an ounce of lard is the composition of the ointment. It may be mentioned that the aqueous solution is in general of the two forms the more prompt and instantaneous in its effects.

CASE I.—*Facial Neuralgia instantaneously cured by the Hydrocyanate of Potash in Friction.*

A lady, of robust habit, 49 years of age, was a martyr to the most agonizing occasional attacks of pain in the space between the temporal region and the ciliary arch and the maxilla. She used to scream violently in these torturing accessions, and sometimes lost all appearance of sensibility to such a degree that she has been supposed to be struck with apoplexy. Pulse 84; face rather flushed; no functional derangement. She was ordered to be rubbed with the aqueous solution, containing sixteen grains of cyanuret of potassium in four ounces of distilled water: it was rubbed on the forehead and cheek with a ball of cotton. The pain gave way almost instantaneously at the very first application; and seemed, as the patient said, to be rubbed away with the hand. A complete cure was

effected by persevering a little while in the use of the remedy.

CASE II.—*Periodic Neuralgia removed by the Ointment of the Cyanuret.*

The cure in this instance was less prompt, but not less certain. A lady, 38 years of age, experienced the severest pains in the temporal region and upper jaw of the left side: they came on regularly every morning at four o'clock; went on increasing in severity until about ten, and did not cease till four in the afternoon. In that interval she labored under anorexia, fever, headache, &c., and was almost driven distracted. She was bled to twelve ounces to relieve congestion, and then the ointment was applied to the cheek and temple. Two grains to the half ounce of lard were at first employed, but the improvement was more rapid under the application of ten grains to two ounces. Lotions of the cyanuret were eventually used, and the cure was complete.

CASE III.—*Facial Neuralgia almost immediately cured.*

A lady, 20 years of age, suffered for several days, at the same hour, the most torturing pains in the orbital and supramaxillary regions. Her face was much flushed, particularly on the affected side. Ten grains of the cyanuret were dissolved in four ounces of the distilled water, and rubbed on with cotton. The application was quite successful.

CASE IV.—*Chronic Occasional Neuralgia similarly treated.*

A woman, of 80, who had long suffered from irregular attacks of this complaint, was cured by lotions and frictions, compounded pretty strongly, and continued for some time.

The cyanuret of potassium is contra-indicated where the nervous affection is complicated with inflammatory action, discharge, &c. It is a useful remedy in non-inflammatory rheumatism.

In sciatic neuralgia it has not been successful—nay, it has been necessarily discontinued, on account of some unpleasant accidents which it occasioned.

In white swelling, attended with acute pain, poultices moistened with the solution, had the effect of producing much comfort, though the continuance of their application had no promise of amendment in it.

It is, on the whole, inferred, that the calming properties of this remedy are superior to those of any other known, and that it should always have a preference where inflammation does not exist. Lotions, with hydrocyanic acid, are by no means to be compared with it, for the acid is decomposed with facility, and scarcely to be used without danger.

The first application of the cyanuret in the above way is claimed by M. Buttigny and his brethren of Geneva, but is disputed with them by Messrs. Robiquet, Villauré, and Bally, of Paris.

*Gazette des Hôpitaux.*

# V.

## FORMIDABLE CASE OF PUERPERAL FEVER—CURED.

By JOHN C. HOWARD, M.D., Physician and Surgeon to the House of Industry at South Boston.

For the Boston Med. and Surg. Journal.

PERHAPS there is no disease more formidable than puerperal fever; and, although the best treatises have been written, giving accurate accounts of its symptoms, mode of

access and progress, still the treatment is by no means settled.

Puerperal fever, as it usually occurs, may be called the fever of child-bed, and is accompanied by pain which has no complete intermission, and extreme soreness of the abdomen; these are peculiar and characteristic symptoms, and really belong to it, and however different the notions entertained of its nature, the above symptoms are always present. With regard to this fever it may be remarked, that it is a disease comparatively rare, and although a very serious one, it is not malignant, and by no means necessarily fatal. As regards contagion (for it has been called contagious), I cannot think it any more so than common inflammation of the bowels.

Of puerperal fever there are, I conceive, two varieties, and although resembling each other in some points, still requiring a marked difference of treatment. The first form of the fever I would call the entonic congestive, and highly inflammatory. In this the patient may or may not be plethoric; but, at any rate, she has not lost much blood from flooding after delivery, and the milk ceases to flow, the lochiæ become scanty, if not entirely suppressed, and the bowels are constipated;—all of which cannot take place without very great suffering and pain, and exceeding tenderness of the abdomen, indicative of acute inflammation of the peritoneum. There are also symptoms of congestion of the brain, and a very frequent and full pulse. Bleeding, which is the *sine qua non* in practice at the present day, and is perhaps too frequently resorted to, may be of decided advantage in this form of fever; and is, I have no doubt, occasionally indicated.

There is another form of puerperal fever, which I will call the *atonic puerperal*, or the low typhus of lying-in women. In this form we find the pulse, though frequent, small and weak; the patient may have been exhausted from excessive flooding; the lochiæ are slightly, if at all affected, and the patient is in a state of extreme debility. The fever is characterised by great tenderness of the abdomen, general flaccid state of the flesh, and a paleness of the face, anxious expression of the countenance, with a decided subsidence of the features, and a sharpness, something similar to the countenance we see in typhous fever. In this form bleeding is certainly contra-indicated; we would rather resort to cordial stimulants, after proper counter irritants;—bleeding, indeed, would be as absurd and fatal as in the lowest stage of common typhus.

It cannot be expected, that any one case, however striking or interesting it may be, should comprise all the symptoms of a disease; but the following is offered as a tolerably fair statement of a case of puerperal fever, and as manifesting, in the circumstances of its attack and progress, the prominent character of the disease.

Mrs. M. was admitted into the House of Industry in July last, and delivered of her second child August 4th. Her labor was natural, though rather tedious, from a deficiency of uterine action from the beginning. After proper dilatation, and a sufficient softness of the os uteri, it was thought best to administer the ergot in portions of 3ss. After taking a drachm, the pains became active and efficient, and she was safely delivered at the expiration of an hour. The placenta remained adherent, but was

soon taken away;—flooding occurred, and left her in quite a feeble state. She seemed to improve in convalescence, and nursed her child until the seventh day from her delivery, when she was seized with most violent pain in the uterine region, was very restless, and had severe rigors, soon followed by acute pain over the whole abdomen, which was very tumid and hot to the touch; pressure, even the slightest, caused exceeding agony. Fomentations were applied, anodynes administered, and aperients given, according to the apparent indication. Such feeble means were ineffectual. The next day I found her delirious, tossing her hands about her head, her face pale and expressing great anxiety; her mouth was very dry, her pulse 140, very weak and trembling, her skin very hot, particularly over the abdomen, her urine scanty and high colored, the lochiæ not much altered or diminished, milk entirely gone, and the breasts in a flaccid state. Aware of her perilous situation, and learning from a student who had passed considerable time with her during my absence, that she was in a moribund condition, I would fain despond, but feeling it incumbent on me to do something while life remained, I ordered a blister to be applied twelve inches wide and sixteen long, to cover the whole abdomen; and to secure its vesication, friction with pepper vinegar was had recourse to, and it was dressed with the unguent. hydrarg. fort. A drachm of the same to be rubbed in each groin twice a day; also take hydrarg. submuriate grs. iv. Opi. pulv. grs. ii. every four hours. This course was continued for thirty-six hours. The next day, when I saw the patient, her skin, from having been very hot and dry,



was moist and covered with perspiration; her respiration, which was before hurried and laborious, natural; her countenance, which was anxious, composed; her dejections, which had been involuntary and frequent, checked, and her sleep tranquil; her pulse also was very materially altered, being more full and natural, and beating 102 in the minute. The next day she was decidedly better, her skin continued moist, her mouth not sore, the pain entirely gone, and there was no complaint except from the soreness of the blister; she was otherwise, as she expressed herself, "perfectly easy and in a new world;"—her pulse was full and soft, 90 in the minute. As she had no dejection, I directed a portion of sodæ phosphat. to be taken in oat-meal gruel, which operated freely and kindly. I would observe here, that this medicine is very useful, and answers a very good purpose where there is a tendency to pyalism.

The next day I found her improving; and she continued to convalesce for the next few days. Unfortunately a window in the apartment was opened, and the exposure induced slight pyalism, from which she soon recovered;\* the more urgent symptoms were entirely relieved, and the patient is perfectly well.

This is the second case of puerperal fever at the House of Industry which has yielded to such treatment.

I am disposed to think this disease very rare, inasmuch as I have been called to 180 lying-in women, and although I did not personally

attend all of them, still the event was known to me;—among these I have seen but two genuine cases of puerperal fever. In twenty-eight months' practice in the most populous dispensary district, the opportunities of acquiring knowledge of midwifery were, I conceive, very great,—and I was in the habit of registering all lyings-in, and the peculiarities attending them,—but I find on my records no other instances of this disease.

[To facilitate our professional brethren in their daily course of practice, is the constant aim and first purpose of this periodical. It is with pleasure, therefore, we announce that Dr. Howard has offered to furnish for the Journal, from time to time, as they may occur, such interesting cases as fall under his care at the Hospital of the House of Industry. From this fruitful field, the profession may hope to glean much which is of practical utility.]

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## VI.

### POPULAR FEELING RESPECTING THE ANATOMY LAW.

*To the Editor of the Boston Medical and Surgical Journal.*

Stow, October 21, 1831.

DEAR SIR,

PROBABLY a greater change was never wrought in public opinion upon any subject, than that in relation to the study of anatomy, within a few of the last years. Four years ago, had it been known here that a person was dissecting a human dead body, I think his personal safety could not have been insured from the mob. Now, the people are almost unanimously of opinion, (at least in this region,)

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\*I must observe that the patient would have suffered more from salivation, had there not been such copious diaphoresis—the calomel and opium keeping the vessels on the surface freely open.

that the law of last winter is a judicious and good one, and seasonably enacted. I was led to these remarks from a case having occurred here a few days since, precisely within this law, and which I thought a knowledge of might possibly be useful to our professional brethren wherever any squeamishness or prejudice yet remains.

A man died in our almshouse a state pauper, and although an inoffensive person, without friends to object to his being made use of for anatomical purposes. Dr. Newell and myself claimed him, and our claim was acknowledged, and promptly met, by permission from the proper authorities. He was carried and deposited in the grave with the usual ceremonies, the sexton having his directions not to fill up the grave. After several hours, when it was convenient, we removed him, in open day, to a suitable building in the neighborhood, upon the public road, and dissected him as our leisure permitted. Our employment was perfectly well known, and the common topic while it continued, yet not a single unpleasant remark was made, as we can learn, by any individual deserving the least notice. On the contrary, strong and decided expressions of approbation were made to us, and by many of the very classes in society who would of course be the last to appreciate or understand the subject. The weather proved very unfavorable, and we were under the necessity of breaking off, and leaving much that was desirable untouched. We presume that our wise legislators intended this law should be broad enough to cover a skeleton, although, in terms, it requires us to bury the remains. We should have ventured upon this construction of it, and buried the soft parts remain-

ing, had we desired the bones. As it was, however, we thought the smoothest way would be to bury them. Accordingly, having collected the remains, we called in several of our neighbors, and again, at noon day, carried him to the grave originally prepared, and buried him.

Perhaps many may think these circumstances unimportant, but to me they were particularly grateful.

I beg you would act your pleasure, and make any, or no use of this communication, as you think may best subserve the interest of the profession.

With much respect,

Your obedient servant,

ISAAC W. MULLIKEN.

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## MEDICAL JOURNAL.

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BOSTON, NOVEMBER 1, 1831.

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DR. JAEHNICHEN ON CHOLERA.

*Quelques Reflexions sur le Choléra-Morbus, par le Dr. Jaehnichen, Membre du Conseil Temporaire de Médecine. Moscow. 1831.*

[Just as our notice of the work of Dr. Jaehnichen was going to press, we received the following from a friend, and with the deference always due to correspondents, give it in lieu of our own.]

AMONG the many prudent measures adopted by the police of Moscow, when the near approach of the cholera made evident their imminent danger, was to establish in each district or ward of the city, which were twenty in number, a temporary hospital, the care of which, as well as that of the district, was confided to a *médecin inspecteur*, having a body of physicians and pupils under him. The whole board of inspectors form-

ed "a temporary counsel of medicine," which held daily meetings to consult on the proper measures for the safety of the city. The arrangement just described was completed in August, 1830,—more than a month before the first case of cholera made its appearance. Dr. J. was one of the counsel, and of course enjoyed abundant opportunity of learning the opinions of his medical brethren on the most important points in relation to the disease. He asserts, too, that he has seen 500 patients with cholera, most of whom he has attended in person. Such being Dr. J.'s claims to our confidence, we have next to inquire what are his conclusions. In the first place, he denies the identity of the Indian and Russian cholera, considering the former as attended with more violent symptoms, greater pain, &c. Secondly, he rejects the doctrine of contagion, mediate and immediate, as one which the observations which he has made prove to be wholly erroneous. He asserts, indeed, that of 21 members of the temporary counsel, only three held the doctrine of contagion. He states, that "the most careful and minute researches and inquiries instituted at Moscow, prove incontestably, that the disease was not imported into this capital, but appeared there spontaneously." With regard to its mode of propagation, his opinion is expressed in the following propositions:

1. The cholera morbus is not a pestilential disease.

2. The propagation of cholera follows the laws of all epidemic diseases.

3. Cholera is neither mediately nor immediately contagious.

4. There exists a germ or miasm of cholera, which is found in the emanations of the patient, and in the atmosphere which surrounds him.

5. These emanations may constitute a focus of emanations, even in the case of a single individual, though rarely, and when the disease exists in a great degree. A hospital will be always a focus of emanations.

6. A peculiar predisposition is absolutely necessary in order that the miasm of cholera may develop itself in an individual. This predisposition seems to augment with the violence of the epidemic; but we have not determined the proportion according to which it produces the disease in a given population. At Moscow it amounted to  $\frac{1}{100}$ .

7. Everything tends to prove, that pulmonary absorption, in individuals predisposed to the disease, is the only avenue by which the miasm introduces itself into the organization. There is therefore no contagion, in the proper sense of the word, but rather a sort of penetration.

8. This miasm appears to have a peculiar affinity for the watery vapor contained in the atmosphere, and to possess the same degree of volatility: it is, however, a fact, that these vapors, condensed in an apartment where there were a large number of patients, have furnished to Mr. Hermann and myself a substance similar to that which was obtained by Moscati at Florence.

Dr. J. afterwards describes this as a peculiar mucilaginous, very putres-

cible substance, with which he has *not* succeeded in communicating the disease to animals. He observes, however, that the pressure of other affairs has prevented him from giving to experiments of this nature, that degree of attention which alone can render them satisfactory.

With regard to the proximate cause of cholera, Dr. J.'s opinion is founded on a comparison of the matters voided in this disease with the state of the blood as drawn from the veins. The first observation made by the author on the chemical character of the matter ejected, was, that it appeared to contain a free acid. An acid was also discovered to exist in a free state in the circulating fluid. The first inference was, that this acid was itself the cause of the dyscrasis of the blood, and therefore of the disease. But on comparing the blood drawn in cholera with that of a healthy subject, it appeared that the quantity, both of free acid and serum, was greater in the latter than in the former. This led to a modification of the pathology, and it was concluded that both the acid and the serum found in the gastric ejecta were derived from the blood, and that it was the deficiency of these in the circulating fluid, and the consequent tendency of the latter to coagulate in the veins and in the heart, which constituted the proximate cause of cholera. We will present the conclusion in his own words.

"The proximate cause of cholera consists in a peculiar decomposition of the blood, in a separation of its solid parts from those which are li-

quid, accompanied by a transudation of these last on the intestinal surfaces."

The effect of this state of the blood in arresting its circulation, is shown, as the author thinks, by postmortem examination, in which he has almost always found polypi of large size in the heart, the formation of which, he thinks, must have been anterior to death, and can only be accounted for in the manner referred to. The blood, rendered thick and gelatinous by the abstraction of its fluid parts, becomes coagulated in the great cavities of the heart. The circulation gradually grows more and more difficult, till at length it is entirely suspended. Hence the spasmodic motions which always accompany cholera; hence the evident enervation of the heart, and the obvious diminution of the force necessary for the performance of the circulation.

Dr. J.'s views of the treatment of cholera seem to be founded on a careful observation of the effect of remedies, and are not materially influenced by the peculiarity of his doctrine in regard to its pathology. Indeed, he commences this part of the subject by confessing the impossibility of altering, by any direct means, the dyscrasis of the blood to which the symptoms are referred, and that the only practical indication is that of combating the symptoms themselves. In this manner, what otherwise might have proved a stumbling block in the way of his therapeutics, is easily disposed of, and his plan of treatment is based wholly on the means by which the most prominent symptoms may be alle-

viated or removed. These are, according to him, the violent pain with which the disease commences, the vomiting, diarrhœa, and prostration which follow, and the intense thirst with which these are accompanied.

For the relief of the pain with which the disease commences, as well as of the vertigo and oppressed respiration which attend it, the author recommends the employment of blood-letting. At this stage, he observes, it may be resorted to with entire safety, and he has found it to produce immediate and striking relief of these distressing symptoms, and not unfrequently to cut short the progress of the disease, so that the patient was able to resume his occupations. This he states to have been the case with himself, when he unhesitatingly tried on his own person the treatment he had found so useful in the case of others. At a later period, he observes, when depletion would be dangerous, it is also impracticable, since in the depression of the system which follows the spontaneous evacuations, no blood can be obtained.

As respects the vomiting, Dr. J. observes, that at the commencement this symptom is much more under the influence of the will than is generally supposed. He in this way succeeded in himself in resisting the nausea, and is persuaded that in so doing he exerted a favorable influence on the progress of the disease. Strong coffee often proves of considerable efficacy in retarding the onset of this symptom. When vomiting has once commenced, the remedies to be employed are, according to circumstances, carbonic acid, opi-

um, and the oil of mint, internally; and externally, sinapisms and vesicatories to the epigastrium, to be followed in extreme cases by the application of opium to the denuded cutis. He says the most obstinate vomitings yielded to this treatment.

For the diarrhœa, when opium failed in arresting it, Dr. J. was in the habit of using the root of ratanhia, either as a lavement in decoction, or as an extract, administered in a potion with mucilages. This symptom rarely resisted the persevering use of these remedies.

The prostration and state of collapse which result from the continuation of the disease, loss of pulse, cold extremities, &c., require prompt and immediate attention. The best stimulus in this state of things is furnished by baths of steam, especially where the vapor is furnished by vinegar. These excite the cutaneous surface, and at the same time tend to arouse the circulating system. They should be frequently repeated, but not continued long at one time. When the surface of the skin has recovered its tone, and regained in a measure the power of absorption, baths of water, at the temperature of 100 deg. F., may be conveniently substituted. A higher temperature than this Dr. J. finds annoying to the patient, and thinks it unfavorable to the process of absorption, which, according to his theory of the disease, it is peculiarly desirable to encourage.

The excessive thirst with which the patient is tormented, has, he observes, been combated both in India and elsewhere, by the most opposite

modes of treatment; one party prescribing hot drinks, another ice, and a third refusing all liquid, although the unhappy patient was suffering the torments of Tantalus. Dr. J. has not been able to perceive that the nature of the liquid was at all material, and therefore leaves this to be determined by the inclination of the patient. He condemns, however, the withholding of liquids, since, according to him, if the power of absorption is not wholly lost, a part of the fluid swallowed must be conveyed to the blood, and thus tend to supply that very deficiency, on which he conceives the disease to depend.

We ought not to conclude this brief sketch of Dr. J.'s pamphlet, without bearing our testimony to the general good sense and candor with which it is drawn up, and acknowledging the pleasure it has afforded us in the perusal. Though professing a review of, and an answer to the work of a contagionist, and therefore tinged too much with a polemical spirit, it contains a great number of valuable details, and is written throughout with a spirit and good taste highly creditable to the literary character of the *Mosquensian* faculty.

#### JOURNAL OF MEDICAL LITERATURE.

"Of *practical* Journals of Medicine and Surgery, we have already enough."

OUR acknowledgments are due to Dr. Bartlett, of Lowell, for sending us the first number of a new periodical, of which he is Editor, entitled "The Monthly Journal of Medical Literature and American Medical Student's Gazette." It is a neat

pamphlet, and contains, besides the introductory address, an address delivered by Dr. Howe before the Middlesex Medical Association, a brief sketch of the state of Medicine in Egypt, memoirs of Hippocrates and Sir H. Davy, and a notice of Dr. Hamilton's History of Medicine.—The first number bears date January 1, 1832, and if sufficient encouragement is received, it is proposed, after that time, to continue the work, issuing once a month a No. of 32 pages, at \$2 and \$2.50 a year.

The object and character of this periodical are somewhat novel, and as Dr. B. has entered on an untrodden field, we hope he may find it abundantly fruitful. He has undertaken the laudable task of supplying intellectual food to the medical student, and avoids collision with any existing work, by confining himself to subjects of *literature*—"the literature of science"—and not attempting to cater for the *practical* wants of the profession.

Dr. Bartlett's reason for this course is expressed briefly in that part of his preface which we have taken for a motto, and he certainly could not have given one more true or satisfactory. We cordially wish him success in the arduous duties he has assumed, and shall at all times be happy to reciprocate the courtesies of the fraternal relation.

#### CHLORIDE OF LIME.

*Disinfection of the dead bodies collected at the Morgue in Paris, after the revolutionary struggle in July, 1830.*—A letter from A. Chevalier to M. D'Arcet informs the latter, that the writer in passing near

the Morgue, on the 30th, was forcibly struck with the putrid exhalations which issued from it, and which were very perceptible as far as the pont St. Michael. Fearing unpleasant consequences to the whole neighborhood, he sent one of his pupils immediately to the directors of the Morgue, to offer them, gratuitously, the use of as much chloride of lime as might be requisite to arrest the infection, which being accepted, and learning that they were about to remove immediately two hundred dead bodies that were heaped up in the Morgue, he proceeded, though without authority, to the place, prepared a large quantity of liquid chloride, and sprinkled it over the bodies, which, as they were moved, exhaled the most fetid odor. He persuaded the poor men who were employed in the work, though with some difficulty, to wash their hands in the liquid every time they handled the bodies. These, as they were taken to the boat, were well sprinkled, and portions of the dry powdered chloride were scattered in every place where it appeared necessary.

The bodies when heaped in the boat were covered with straw, over which was then spread powdered chloride, on which water was sprinkled. These precautions, notwithstanding the mass of putrefying materials, completely overcame the exhalations, or gave way to those of the chloride.

The Morgue was well washed, first with pure water, then with solution of chloride of lime, and afterwards fumigated. The quantity of chloride of lime used in these operations, was from thirty to thirty-five pounds.—*Jour. de Connoiss. Usuelles*, Sept. 1830.

**Health.**—The Harpers of New York have in press—Rules for Improving the Health of the Delicate, by W. Henderson, M.D. There is an almanac published with the title of Health Almanac. Why, among the thousand forms in which the community are solicited to preserve that greatest of all earthly blessings, health, do we not find *popular lectures* given on dietetics, and the means of avoiding disease.

The covers of the two last Monthly Parts, containing the advertisements of the Medical Journal, have been forwarded to those individuals who take the weekly series, in order that the advertisements may be sent to all our subscribers, without diminishing the usual quantity of other matter.

Whole number of deaths in Boston for the week ending October 21, 23. Males, 11—Females, 12.

Of lung fever, 1—old age, 1—dropsy, 1—consumption, 5—scarlet fever, 1—cancer in the breast, 1—convulsions, 1—intemperance, 2—infantile, 1—palsy, 1—inflammation on the lungs, 1—bilious colic, 1—dropsy on the brain, 1—unknown, 6.

## ADVERTISEMENTS.

### BROUSSAIS ON INFLAMMATION.

THIS day received by CARTER & HENDREE, History of Chronic Phlegmasie, or Inflammations, founded on Clinical Experience and Pathological Anatomy, exhibiting a View of the Varieties and Complications of the Diseases, with the various modes of Treatment. By F. J. V. Broussais, M.D., "Knight of the Royal Order of the Legion of Honor," &c. &c. Translated from the French of the 4th Edition. By Isaac Hays, M.D., and R. E. Griffith, M.D., "Members of the Academy of Natural Science," &c. In 2 vols. 8vo.

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